



ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

I. Hospital Information

Hospital Name: ST. VINCENT CLAY HOSPITAL

Provider #: 151309

City: Brazil

County: Clay

Year: 2013

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☒ Acute License ☐ LTC Certification

Private Accreditation: ☒ JCAHO ☐ HFAP

CMS Specialized Hosp: ☒ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☒ Swing Bed

Number of Total Hospital Full Time Equivalents 157

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	25	621	1997	\$2,058,392
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	102	887	\$361,729

Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	723	2884	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	146	HIV	0
Neoplasms	431	Endocrine	2166
Diseases of Blood	366	Mental Disorders	4215
Nervous	514	Circulatory	2122
Respiratory	801	Digestive Diseases	882
Genitourinary	1116	Pregnancy	145
Skin	455	Musculoskeletal	3459
Congenital	54	Perinatal	34
All Injuries	516		
Other/Known	12066	Total Encounters	29488

Total ED Visits	ED Injury Visits	ED Injury Admissions
9728	3006	193

Comments